



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/740,679 Confirmation No.: 6074
Applicant : J. Stuart Cumming
Filing Date : December 19, 2000
Title : ACCOMMODATING INTRAOCULAR LENS
Group Art Unit : 3732
Examiner : Eduardo C. Robert
Docket No. : 13533.4033
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated March 24, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

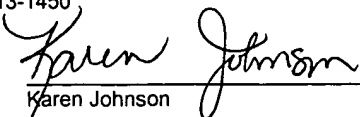
EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$55.00

☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: July 26, 2004


Karen Johnson

DOCSOC1:153087.1

07/30/2004 MBELETE1 00000047 150665 09740679
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Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 55.00

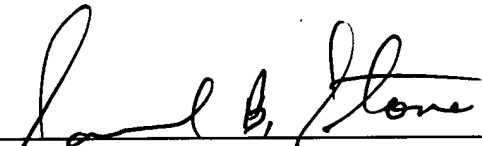
- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	16	-	52	=	0	x	\$18.00	\$0.00
Independent Claims	3	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input type="checkbox"/> \$0.00
Extension of Time (from above)								\$55.00
Assignment -- \$40 (if applicable)								<input type="checkbox"/> \$0.00
TOTAL FEES SUBMITTED HEREWITH								\$55.00

Respectfully submitted,

Dated: July 26, 2004

By:


Samuel B. Stone
Reg. No. 19,297

Orrick, Herrington & Sutcliffe LLP
4 Park Plaza, Suite 1600
Irvine, CA 92614-2558
Telephone: 949-567-6700
Facsimile: 949-567-6710
Customer Number: 34313